

**SEX OFFENDER REGISTRATION FORM**Unclassified & Level 1...Mail to: SORB PO Box 4547, Salem MA 01970
Level 2 & Level 3...Register at Police Department in City/Town of Residence**PD INSTRUCTIONS** – Have registrant complete the form & sign. Attach photograph and fingerprint card. Submit to: SORB PO Box 4547, Salem, MA, 01970.**SECTION A – Type/Status**

- ☐ Unclassified (Mail to SORB)
☐ Level 1 (Mail to SORB)
☐ Level 2 (At PD)
☐ Level 3 (At PD)
☐ SVP (At PD) SON:

SECTION B – Contributing Police Department/Agency Information

PD or Agency Name: _____

Reporting Officer/Person: _____ Tel# _____

SECTION C – Registrant Information (Please print legibly or type)Name: _____ SSN: _____ Alien # _____
LAST FIRST MIDDLEOther Name(s) Used: _____ DOB: _____ POB: _____
Month Day Year City STATE

Race: _____ Sex: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ lbs

Scars/Marks/Tattoos: _____ Driver's License or ID#: _____

Are You Registered as a Sex Offender in Another State: ☐ NO ☐ YES If YES, which state: _____ and at what LEVEL _____**SECTION D Current Residence Address (Confirmed with 2 forms of verification*)**

Street Address _____

NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc_____
City/Town County_____
State ZIP Home Phone**Secondary OR Out of State Address (If different than Residence)**

Street Address _____

NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc_____
City/Town County_____
State ZIP Home Phone**Mailing Address:**

(MUST accompany a residence, temporary address, or homeless location)

Address _____
Post Office Box or Number/Street/Apt, Bldg, Lot, Etc_____
City/Town County_____
State ZIP Home Phone☐ Homeless (Must register every 45 days)

Location and/or Address _____

NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc_____
City/Town County

Shelter Name (If applicable) _____

SECTION E – Vehicle, Mobile Home, Trailer, Manufactured Home, Vessel

Description (Year/make/model/color scheme): _____

License Plate #: _____ State: _____

Expiration Year: _____ VIN#: _____

Closest Living Relative

Name: _____ Relationship: _____

Address _____
Number/Street/Apt, Bldg, Lot, Etc_____
City/Town County_____
State ZIP Home Phone**SECTION F – Employment:** ☐ Employed ☐ Self-Employed ☐ Unemployed ☐ Volunteer

Employer: _____ Occupation: _____ Telephone Number: _____

Address _____
Number/Street/Apt, Bldg, Lot, Etc City/Town County State ZIP

Employer: _____ Occupation: _____ Telephone Number: _____

Address _____
Number/Street/Apt, Bldg, Lot, Etc City/Town County State ZIP**SECTION G – Campus Activity** ☐ Student Start Date _____ Ending Date _____

University/College/School Name: _____ Campus: _____

Address _____
Post Office Box or Number/Street/Apt, Bldg, Lot, Etc City/Town County State ZIP**SECTION H - Please Read Carefully Before Signing** – You are advised that you must notify, in writing, the Sex Offender Registry Board and/or the Police Department in the city or town in which you reside not less than 10 days prior to any change in residence, employment, or attendance at an institute of higher learning. You are further advised that you are required to immediately contact and advise of your presence, the appropriate authorities in any other state in which you locate yourself for the purpose of residence, employment, or attendance at an institute of higher learning.

Failing to do so may subject you to criminal prosecution.

☐ I have read and understand the above requirements, OR ☐ the requirements were read to me and I understand these requirements. I do hereby attest that the information I have provided is true and accurate. Signed, this _____ day of _____, _____, under the pains and penalties of perjury.

DAY

MONTH

YR

Signature of Registrant

Signature of Witness